MEDICAL RECORD For use of this form, s								
. Date (YYYYMMDD) and Time of Admission. 2. Admission	Diagnosi	S.						
	YES	NO	Patien	t's own	words	when poss	sible.	
3. Tell me what you know about your illness/injury/hospitalization.								
4. Do you have any other health problems?								
5. Have you been hospitalized before? If so, when and for what?								
6. What medications have you been taking? (to include prescription and over-the-counter drugs) For how long?								
7. Are you allergic to anything? If so, what? What reaction?								
8. Do you have any special needs that require assistance with daily activities? (e.g. diet, eating, bathing, elimination, ambulating, sleeping.) Prosthetics: dentures, reading glasses, contacts.								
9. What other concerns do you have?								
10. How can we be most helpful?								
11. Name of Local Contact/NOK.	12. R	elations	nship. 13. Telephone Number.					
14. Interviewer's Signature, Rank & Title.			15. Informant/Relationship.					
16. Patient Identification.			17. Personal Articles and Valuables. (Indicate disposition of each item by initials.)					
			Item:	Bedside	Home	Treasurer	Other (specify)	

MEDICAL RECORD - NURSING HISTORY AND ASSESSMENT								
18. Additional Assessment Data.								
Admission:	TPR	ВР	WT	нт				
19. Typed o	or Printed Name of RN.	20. Signature of I	RN and Date/Time					
1. Growt 2. Neurol a) Ori b) Lev drows to verl follow c) De: 3. Eyes, a) Eyes, b) Ear c) Rhi d) Thi appear e) De: 4. Cardio a) Ski b) Per edema c) IV'	entrocategories: th and Development logical ientation vel of Consciousness: alert, sy, lethargic, comatose; responses: bal and painful stimuli; ability to r commands; reflexes. scribe abnormalities Ears, Nose, and Throat es: Pupils, vision rs: Hearing, drainage inorrhea, nasal surgery/trauma roat: Sore, difficulty swallowing, rance on inspection, lymph nodes scribe abnormalities by ascular in: Color, temp, turgor, moisture ripheral Circulation: Pulses, a, extremities s: Contents of bottle hanging, number, condition of site	d) Pain: Location, rad e) Intrathoracic tubes 5. Pulmonary a) Respirations: Rate tiveness, depth, use o nocturnal/external dys movement associated b) Breath sounds: Cla auscultation, Rales, Ri etc. c) Oxygen: Percent of method of administrat PRN d) Cough, sputum, su 6. Gastrointestinal a) Abdominal: Auscu sounds present), palpi girth measurement (if b) Dressings and/or d 7. Genitourinary a) Urination: Contine change	and/or dressing a, regularity, effec- accessory muscles, spnea. Chest with respirations ear to honchi, Wheezes, given, liters/min, ion continuous or actioning aitation (bowel tation, abdominal applicable) rains	b) Female: Vaginal Discharge, LMP, last PAP smear (if applicable) etc. c) Male: Abnormal discharge, swelling, pain 8. Integumentary a) Lesions, pressure points, contractures b) Color, moisture, edema, turgor, change in pigmentation 9. Musculoskeletal a) Movement Purposeful/Non-purposeful, ROM, muscle strength, level of usual activity b) Foot care (as applicable), TED hose 10. Psycho-Social a) Adjustment to hospitalization and illness, manner, mood, behavior, relation to persons around them REFERENCE: DA Pam 40-5 AMEDD Stds of Nursing Practice				

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